| | MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO | | FILING DATE | |
| APPLICANT(S) | | | | | | | | | | |

| | CLAIMS | | | | | | | | | | | |

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	175						TOTAL DEP.						
TOTAL	182						TOTAL						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	//							51		1				
2								52						
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26								76						
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28								78						
29	1							79						
30	1							80						
31		2						81						
32		2						82						
33		2						83						
34		2						84						
35		2						85						
36		2						86						
37		2						87						
38		2						88						
39		2						89						
40		2						90						
41		2						91	1					
42		2						92						
43		2						93						
44	1							94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL								TOTAL						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL							TOTAL						